

**Washington State Department of Retirement Systems
Customer Satisfaction Survey**

Please assist the Department of Retirement Systems (DRS) by completing the following survey. Your assistance in responding to the survey will enable us to improve the quality of our services to you in the future.

Please rate each of the following services by circling the number that best describes your level of satisfaction over the past twelve months. If you have not received the described service within the past twelve months, circle 0, "does not apply."

(Please circle one)

Please rate each of the following services.	Very satisfied ▼	4	Neither satisfied nor dissatisfied ▼	3	2	Very dissatisfied ▼	1	Does not apply ►	0
1. SERVICE									
Overall service provided by the Department of Retirement Systems	5	4	3	2	1	0			
2. STAFF									
Courtesy of staff	5	4	3	2	1	0			
3. RESPONSE TO INQUIRIES									
a. Timeliness of response	5	4	3	2	1	0			
b. Completeness of response	5	4	3	2	1	0			
c. Clarity of response	5	4	3	2	1	0			
4. DRS NEWSLETTER, "RETIREMENT OUTLOOK"									
a. Timeliness of information	5	4	3	2	1	0			
b. Clarity of articles	5	4	3	2	1	0			
c. Length of articles	5	4	3	2	1	0			
d. Print size/legibility	5	4	3	2	1	0			
e. Frequency of publication	5	4	3	2	1	0			

How can the Department of Retirement Systems improve its service to you?

Thank you for completing this survey.

**Optional block for your name and address is on the reverse side of this form.
Please return in the business reply mail envelope provided.**

OPTIONAL

Name:

Address:

City:

State:

Zip Code:

Phone: ()
